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#### DECLARATION FOR UTILITY OR DESIGN PATENT APPLICATION (37 CFR 1.63)

Declaration
Submitted
with Initial
Filing

OR Declaration
Submitted after
Initial Filing-surcharge 37 CFR
1.16(e) required

| Attorney Docket No.  | HAU237           |  |  |  |  |  |  |  |  |
|----------------------|------------------|--|--|--|--|--|--|--|--|
| First Named Inventor | David T. Bailey  |  |  |  |  |  |  |  |  |
| COMPLETE IF KNOWN    |                  |  |  |  |  |  |  |  |  |
| Application Number   | Not Yet Accorded |  |  |  |  |  |  |  |  |
| Filing Date          | Not Yet Accorded |  |  |  |  |  |  |  |  |
| Group Art Unit       | Not Yet Accorded |  |  |  |  |  |  |  |  |
| Examiner Name        | Not Yet Accorded |  |  |  |  |  |  |  |  |

| As a below named Inventor, I hereby declare that:                                                                                                                                                                                                                                                                                                                                                                                                                                                                                            |                                    |                         |                       |                   |  |  |  |  |  |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|------------------------------------|-------------------------|-----------------------|-------------------|--|--|--|--|--|
| My residence, mailing address, and citizenship are as                                                                                                                                                                                                                                                                                                                                                                                                                                                                                        | stated below next to               | ту пате.                |                       |                   |  |  |  |  |  |
| I believe I am the original, first and sole inventor (if onl inventor (if plural names are listed below) of the subject the invention entitled:                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                         |                       |                   |  |  |  |  |  |
| METHODS OF PREPARING IMPROVED WATER-SOLUBLE EXTRACTS CONTAINING ANTIOXIDANTS AND USES THEREOF                                                                                                                                                                                                                                                                                                                                                                                                                                                |                                    |                         |                       |                   |  |  |  |  |  |
| the specification of which                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                   |                                    |                         |                       |                   |  |  |  |  |  |
| is attached hereto                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                       |                   |  |  |  |  |  |
| OR                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                           |                                    |                         |                       |                   |  |  |  |  |  |
| was filed on (MM/DD/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | n No. or<br>Application No.        |                         |                       |                   |  |  |  |  |  |
| and was amended on (MM/DD/YYYY)                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              | (if applicable)                    |                         |                       |                   |  |  |  |  |  |
| I hereby state that I have reviewed and understand the contents of the above identified specification, including the claims, as amended by any amendment specifically referred to above.                                                                                                                                                                                                                                                                                                                                                     |                                    |                         |                       |                   |  |  |  |  |  |
| I acknowledge the duty to disclose information which is material to patentability as defined in 37 CFR 1.56, including for continuation-in-part applications, material information which became available between the filing date of the prior application and the national or PCT international filing date of the continuation-in-part application.                                                                                                                                                                                        |                                    |                         |                       |                   |  |  |  |  |  |
| I hereby claim foreign priority benefits under 35 U.S.C § 119(a)-(d) or 365(b) of any foreign application(s) for patent or inventor's certificate, or § 365(a) of any PCT international application which designated at least one country other than the United States of America, listed below and have also identified below, by checking the box, any foreign application for patent or inventor's certificate, or of any PCT international application having a filing date before that of the application on which priority is claimed. |                                    |                         |                       |                   |  |  |  |  |  |
| Prior Foreign Appl. No.(s) Country Foreign Appl. No.                                                                                                                                                                                                                                                                                                                                                                                                                                                                                         | oreign Filing Date<br>(MM/DD/YYYY) | Priority Not<br>Claimed | Certified Copy<br>Yes | y Attached?<br>No |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                         |                       |                   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                         |                       |                   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                         |                       |                   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                         |                       |                   |  |  |  |  |  |
| Additional foreign application nos. are listed on a su                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | upplemental priority of            | lata sheet PTO/S        | SB/02B attach         | ed hereto:        |  |  |  |  |  |
| I hereby claim the benefit under 35 U.S.C. § 119(e) of                                                                                                                                                                                                                                                                                                                                                                                                                                                                                       | any United States pr               | ovisional applica       | tion(s) listed b      | elow.             |  |  |  |  |  |
| Application Number(s) Filing Date (MM/DD/YYY                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Υ)                                 |                         |                       |                   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                         |                       |                   |  |  |  |  |  |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                    |                         |                       |                   |  |  |  |  |  |

### **DECLARATION** – Utility or Design Patent Application

| application d<br>claims of this<br>provided by<br>to patentabil                                                                                                                                                                                                                                                                                                                                                                                                      | esignatin<br>applicati<br>the first pa<br>ity as defi                                                                                                                | ion is not dis<br>aragraph of 3<br>ned in 37 CF | States<br>closed<br>35 U.S<br>R 1.56 | of Amer<br>in the pr<br>.C. 112, I<br>which b | ica, listed<br>ior United<br>acknowle<br>ecame av | below<br>State:<br>dge tl<br>ailable | and, in sor PC he duty e between | isofa<br>T inte<br>to di | r as the s<br>ernationa<br>sclose in | subjec<br>Il appl<br>forma | t matter<br>ication i<br>tion whic | of<br>n tl<br>ch | each of the<br>ne manner<br>is material |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------|-------------------------------------------------|--------------------------------------|-----------------------------------------------|---------------------------------------------------|--------------------------------------|----------------------------------|--------------------------|--------------------------------------|----------------------------|------------------------------------|------------------|-----------------------------------------|
| and the national or PCT international filing date of this app.  U.S. Parent Application or PCT Parent No.                                                                                                                                                                                                                                                                                                                                                            |                                                                                                                                                                      |                                                 |                                      | Parent Filing Date<br>(MM/DD/YY)              |                                                   |                                      |                                  | F                        | Parent Patent No.<br>(if applicable) |                            |                                    |                  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                      |                                                 |                                      |                                               |                                                   |                                      |                                  |                          |                                      |                            |                                    | 110              | able)                                   |
| ☐ Addition                                                                                                                                                                                                                                                                                                                                                                                                                                                           | al U.S. or                                                                                                                                                           | PCT interna                                     | tional a                             | applicatio                                    | n nos. list                                       | ed on                                | PTO/SI                           | B/02I                    | B attache                            | ed her                     | eto.                               | o f              | ion and to                              |
| As a named inventor, I hereby appoint the following registered practitioner(s) to prosecute this application and to transact all business in the Patent Trademark Office connected therewith:  ☐ Customer Number 25235 ☐ Place bar code label here → → OR ☐ Registered practitioner(s) name/registration number listed below                                                                                                                                         |                                                                                                                                                                      |                                                 |                                      |                                               |                                                   |                                      |                                  |                          |                                      |                            |                                    |                  |                                         |
| ☐ Register                                                                                                                                                                                                                                                                                                                                                                                                                                                           | ed practit                                                                                                                                                           | oner(s) nam                                     |                                      | Registra                                      |                                                   | ed bei                               | OW                               |                          |                                      |                            |                                    | Re               | egistration                             |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | Name                                                                                                                                                                 |                                                 |                                      | Numb                                          |                                                   |                                      |                                  | Nar                      | ne                                   |                            | Number                             |                  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      |                                                                                                                                                                      |                                                 |                                      |                                               |                                                   |                                      |                                  |                          |                                      |                            |                                    |                  |                                         |
|                                                                                                                                                                                                                                                                                                                                                                                                                                                                      | ☐ Additional registered practitioner(s) named on supplemental sheet PTO/SB/02C attached hereto.  Direct all correspondence to: ☐ Customer Number OR ☐ Correspondence |                                                 |                                      |                                               |                                                   |                                      |                                  |                          |                                      |                            |                                    |                  |                                         |
| Direct all cor                                                                                                                                                                                                                                                                                                                                                                                                                                                       | responde                                                                                                                                                             |                                                 |                                      | ner Numl<br>Code Lab                          |                                                   |                                      |                                  |                          | UK                                   |                            | ddress l                           |                  |                                         |
| Name                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Steven                                                                                                                                                               | C. Peterse                                      |                                      | Jode Lac                                      |                                                   |                                      |                                  |                          |                                      |                            |                                    |                  |                                         |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      | & Hartson                                       |                                      |                                               |                                                   |                                      |                                  |                          |                                      |                            |                                    |                  |                                         |
| Address                                                                                                                                                                                                                                                                                                                                                                                                                                                              |                                                                                                                                                                      | 7 <sup>th</sup> Street, S                       |                                      | 1500                                          | ***************************************           | <del>-</del>                         |                                  |                          |                                      |                            |                                    |                  |                                         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                 | Denve                                                                                                                                                                | f .                                             |                                      |                                               |                                                   | 5                                    | State                            | С                        | ю.                                   | ZIP                        |                                    | 8                | 0202                                    |
| Country                                                                                                                                                                                                                                                                                                                                                                                                                                                              | US                                                                                                                                                                   |                                                 | Telep                                | hone                                          | (720) 40                                          | 06-53                                | 15                               | - L .                    |                                      | Fax                        | (720)                              | 4                | 06-5301                                 |
| I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and such willful false statements may jeopardize the validity of the application or any patent issued thereon. |                                                                                                                                                                      |                                                 |                                      |                                               |                                                   |                                      |                                  |                          |                                      |                            |                                    |                  |                                         |
| Name of So                                                                                                                                                                                                                                                                                                                                                                                                                                                           | le or Firs                                                                                                                                                           | t Inventor:                                     |                                      | A petition                                    | n has bee                                         | n filed                              | for this                         | unsi                     | gned inv                             | entor.                     |                                    |                  |                                         |
| G                                                                                                                                                                                                                                                                                                                                                                                                                                                                    | iven Nam                                                                                                                                                             | e (first and r                                  | niddle                               | [if any])                                     |                                                   |                                      |                                  | Fa                       | amily Na                             | me or                      | Surnam                             | е                |                                         |
| David T.                                                                                                                                                                                                                                                                                                                                                                                                                                                             |                                                                                                                                                                      | _                                               |                                      |                                               |                                                   | Bai                                  | ley                              |                          |                                      |                            |                                    |                  |                                         |
| Inventor's<br>Signature                                                                                                                                                                                                                                                                                                                                                                                                                                              | David 1 Saula Date 12/10/                                                                                                                                            |                                                 |                                      |                                               |                                                   | 0/01                                 |                                  |                          |                                      |                            |                                    |                  |                                         |
| Residence (                                                                                                                                                                                                                                                                                                                                                                                                                                                          | City                                                                                                                                                                 | Boulder                                         |                                      | State                                         | co                                                |                                      | Count                            | try                      | USA                                  | Cit                        | izenship                           |                  | USA                                     |
| Mailing Add                                                                                                                                                                                                                                                                                                                                                                                                                                                          | ress                                                                                                                                                                 | 328 Overl                                       | ook L                                | ane                                           |                                                   |                                      |                                  |                          |                                      |                            |                                    |                  |                                         |
| Mailing Address 328 Overlook Lane                                                                                                                                                                                                                                                                                                                                                                                                                                    |                                                                                                                                                                      |                                                 |                                      |                                               |                                                   |                                      |                                  |                          |                                      |                            |                                    |                  |                                         |
| City                                                                                                                                                                                                                                                                                                                                                                                                                                                                 |                                                                                                                                                                      | Boulder                                         |                                      | State                                         | со                                                |                                      | ZIP                              | 803                      | 302                                  | Co                         | untry                              | ι                | JSA                                     |
| ⊠Additional inventors are named on 1_supplemental additional inventor(s) sheet(s) PTO/SB/02A attached                                                                                                                                                                                                                                                                                                                                                                |                                                                                                                                                                      |                                                 |                                      |                                               |                                                   |                                      |                                  |                          |                                      |                            |                                    |                  |                                         |

# 

### **DECLARATION**

## ADDITIONAL INVENTOR(S) Supplemental Sheet Page \_\_1\_\_ of \_\_1\_

| Name of Additional Jo                            | oint Inventor, if any:      | t Inventor, if any:    |                  |            |             |                |      |  |  |
|--------------------------------------------------|-----------------------------|------------------------|------------------|------------|-------------|----------------|------|--|--|
| Given Name (first and middle [if any]) Family Na |                             |                        |                  |            | y Name o    | ne or Surname  |      |  |  |
| Rebecca L.                                       | Nicho                       | is                     |                  |            |             |                |      |  |  |
| Inventor's<br>Signature                          | Reveca                      | Date                   | 12/10/01         |            |             |                |      |  |  |
| Residence: City                                  | Broomfield                  | State                  | СО               | Country    | USA         | Citizenship    | USA  |  |  |
| Mailing Address                                  | 5123 Yates Place            |                        |                  |            |             |                |      |  |  |
| Mailing Address                                  | 5123 Yates Place            |                        |                  |            |             |                |      |  |  |
| City                                             | Broomfield                  | State                  | co               | ZIP        | 80020       | Country        | USA  |  |  |
| Name of Additional Jo                            | oint Inventor, if any:      | ☐ A petit              | ion has          | been filed | for this un | signed invento | or   |  |  |
| Given Name (first a                              |                             | Family Name or Surname |                  |            |             |                |      |  |  |
| Steven L.                                        | Richhei                     | Richheimer             |                  |            |             |                |      |  |  |
| Inventor's<br>Signature                          | Them L. 1                   |                        | /2/11/0/<br>Date |            |             |                |      |  |  |
| Residence: City                                  | Westminster                 | State                  | со               | Country    | USA         | Citizenship    | USA  |  |  |
| Mailing Address                                  | 10551 W. <del>122nd A</del> | ve. 102                | nd K             | we         |             |                |      |  |  |
| Mailing Address                                  | 10551 W. <del>122nd A</del> | ve: 10J                | nd o             | ave        |             |                |      |  |  |
| City                                             | Westminster                 | State                  | СО               | ZIP        | 80021       | Country        | USA  |  |  |
| Name of Additional Joint Inventor, if any:       |                             |                        |                  |            |             |                | ntor |  |  |
| Given Name (first                                | Family Name or Surname      |                        |                  |            |             |                |      |  |  |
|                                                  |                             |                        |                  |            |             |                |      |  |  |
| Inventor's<br>Signature                          | Date                        |                        |                  |            |             |                |      |  |  |
| Residence: City                                  |                             | State                  | te Country       |            |             | Citizenship    |      |  |  |
| Mailing Address                                  | Mailing Address             |                        |                  |            |             |                |      |  |  |
| Mailing Address                                  |                             |                        |                  |            |             |                |      |  |  |
| City                                             |                             | State                  |                  | ZIP        |             | Country        |      |  |  |